

## **RUN DESCRIPTION**

<b>POSITION:</b>	Registrar Cardiology Catheterization Laboratory
<b>DEPARTMENT:</b>	Cardiology
<b>PLACE OF WORK:</b>	North Shore Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director Medicine, Clinical Director of Cardiology, Cardiology Services Operations Manager
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health Care Consumers, multidisciplinary healthcare team
<b>PRIMARY OBJECTIVE:</b>	<ul style="list-style-type: none"> <li>• To play an active role in performance and reporting of cardiac catheterization procedures performed at CVU in collaboration with Specialist Consultant.</li> <li>• To play an active role in outpatient clinics and cardiology service in collaboration with specialist consultant</li> <li>• To participate as an active member of the team promoting effective management of the cardiology patients.</li> <li>• To provide a high standard of clinical practice and clinical expertise in the assessment, investigation, diagnosis and treatment of patients.</li> <li>• To provide supervision, instruction and support for junior medical staff.</li> <li>• To provide after hours on-call duties covering medical patients.</li> </ul>
<b>RUN RECOGNITION:</b>	The run is accredited for the training of basic and advanced Cardiology trainees
<b>RUN PERIOD</b>	6 months

## Section 1: Registrar Responsibilities

Area	Area
<b>Clinical Duties &amp; Work Schedule</b>	<p><b>CardioVascular Unit Duties</b></p> <ul style="list-style-type: none"> <li>• The CardioVascular unit at North Shore Hospital performs diagnostic coronary angiography, angioplasty and cardiac pacing procedures for a population of in excess of 500,000 channelled through North Shore and Waitakere Hospitals. Around 150 coronary procedures are performed every month in addition to around 15 pacing procedures. There are 4 full-time interventional cardiologists and 5 general cardiologists performing diagnostic coronary studies. There is 0.5FTE interventional fellow availability.</li> <li>• The registrar will be expected to attend 4 cath lab sessions per week (3 at North shore Hospital and 1 at Auckland City Hospital, supervised by a NSH specialist). (S)He will be expected to cover diagnostic lists in the absence of their assigned specialists due to on-call commitment when he/she will be supervised by an interventional cardiologist. This will add another 20-24 lists per his/her 26-week tenure. Allowing for leave this is approximately 4.5-5 lists per week, each comprising of 4 cases. It is expected that by the end of the run the registrar would have performed under supervision an average of 350-400 diagnostic procedures.</li> <li>• Preadmissions and workup of patients are performed by the referring cardiologist and a dedicated specialist nurse. The registrar will be expected to help with report generation and organization of follow up after angiography.</li> </ul> <p><b>Cardiac MRI Unit Duties</b></p> <ul style="list-style-type: none"> <li>• The Cardiac MRI service provides clinical imaging for a wide range of conditions in adult cardiac patients and undertakes approximately 350 scans/year. There is a particular focus on coronary disease, including the assessment of viability prior to revascularisation, and adenosine stress perfusion. These clinical issues have synergy with the diagnostic and therapeutic aspects of coronary disease in the cath lab.</li> <li>• This rotation affords the registrar with opportunity to gain skills in this imaging technique, with one session a week assigned (0.1FTE). (S)He will be expected to participate in the acquisition of images, reporting and quantitative analysis and also the administration of adenosine for vasodilator stress. We anticipate participation in ~100 scans.</li> </ul> <p><b>Research Duties</b></p> <ul style="list-style-type: none"> <li>• There is a 0.2FTE is a dedicated research component. The registrar will be expected to liaise with his/her supervisor in advance of the commencement of the run to discuss potential research projects he/she can participate in or design and execute. It is expected that by the end of the run the registrar has written up at least one project worthy of submission for publication. The registrar will be assigned to a research supervisor at the beginning of the run who will continue to provide supervision and guidance throughout.</li> </ul> <p><b>Clinical Duties</b></p> <ul style="list-style-type: none"> <li>• This will be in the cardiology outpatient clinics and assisting with ward referrals.</li> <li>• The registrar is responsible for the clinical assessment, investigation, diagnosis and treatment of patients under the supervision of the cardiology specialist.</li> </ul> <ol style="list-style-type: none"> <li>1. To facilitate the safe and efficient management of patients in the care of the cardiology service, under the supervision of the Consultant.</li> <li>2. To undertake outpatient clinics weekly in North Shore hospital providing clinical management of outpatients with cardiology disorders. Clinics will be conducted during ordinary hours under the supervision of a consultant.</li> <li>3. In the event of a consultation being requested by another service, arrange for the patient to be seen either by the Registrar and/or the on-call Cardiologist.</li> </ol>

Area	Area
	<p>4. Where necessary interpret Exercise ECG's for patients in Coronary Care/Step-down unit and discuss these with the cardiologist where appropriate.</p> <p>5. Any other duties that may be required in the interest of the department, such as organising clinics, and lunchtime presentations.</p> <p>6. Participate in weekend and rostered night call in the acute medical wards as stated below.</p> <p><b>Expected Results</b></p> <ul style="list-style-type: none"> <li>• Achieve proficiency in performing coronary angiography via various access routes and competence in the use of closure devices.</li> <li>• Achieve a basic understanding of cardiac MRI, indications, limitations and technique.</li> <li>• A high standard of clinical care, including assessment, investigation, diagnosis and treatment will be provided for patients.</li> <li>• The clinical well-being of patients is assured at all times, and care is delivered in a sensitive fashion, taking into account ethnic and other interests, and recognition of patient rights.</li> <li>• Actively promote early, effective and appropriate discharge of patients within the job role</li> <li>• Maintain a high quality of clinical management of Outpatients in collaboration with Cardiologist.</li> <li>• Appropriate documentation will be sent to the patient's practitioner at time of their procedure as appropriate</li> <li>• Maintain effective interpersonal relationships with members of the multidisciplinary team, patients and relatives/whanau.</li> <li>• Provide supervision, instruction and support to junior medical staff as required.</li> <li>• Participate in the Registrar medicine on call roster. The average hours per week are based on a 1 in 4 roster which may alter depending on leave/sickness/education requirements.</li> </ul>
<p><b>Administration</b></p>	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded.</li> <li>• Be responsible for certifying death and complete appropriate documentation.</li> <li>• At the direction of the Clinical Director, assist with operational research enhance the performance of the Service.</li> <li>• Dictate discharge summaries on patients that are discharged by their team and letters to General Practitioners following outpatient visits in a timely fashion.</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:             <ol style="list-style-type: none"> <li>1. "The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes that the responsibility for obtaining consent always lies with the consultant – as the one performing the procedure, they must ensure the necessary information is communicated and discussed."</li> <li>2. "Council believes that obtaining informed consent is a skill best learned by the house surgeon observing consultants and experienced registrars in the clinical setting. Probationers should not take informed consent where they do not feel competent to do so.</li> </ol> </li> <li>• If absent due to unexpected circumstances (e.g., health, other), contact the RMO Support Unit or Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty.</li> <li>• As an RMO working at WDHB you will be provided with a Clinical Portal login and a WDHB email account which will be used for all work-related communication. It is your responsibility to ensure you check this regularly.</li> </ul>

## Section 2: Training and Education

Nature	Details
<p><b>Protected Time</b></p>	<p>The Registrar will attend weekly (unless attendance is required for an emergency) the:</p> <ul style="list-style-type: none"> <li>• Cardiology Journal Club Monday 0815-0900</li> <li>• Cardiology Advanced Trainee core lecture series 0730-0900 Auckland City Hospital (Cardiology Reg)</li> <li>• NSH Medical Grand Round NSH Tuesday 1230 – 1330 Conference Room 1 (will be relieved from Cathlab duties to attend at the registrar’s request)</li> <li>• Cardiology Registrar Clinics.</li> </ul> <p>They will also</p> <ul style="list-style-type: none"> <li>• Participate in clinical audit within the Department</li> <li>• Assist when required with junior medical staff teaching programmes</li> <li>• Present case summaries and topic reviews on a regular basis</li> <li>• Attend other meetings/sessions designated by the Clinical Director of Cardiology.</li> </ul> <p><b>Performance</b></p> <ul style="list-style-type: none"> <li>• Performance will be assessed using the criteria above, by two nominated Cardiologists based at North Shore Hospital, who are accredited supervisors for RACP Advanced Training.</li> <li>• Performance will be discussed at formal meetings at the beginning of the attachment and again at three months and six months. If deficiencies are identified during the attachment the Consultant will bring these to the Registrar’s attention and discuss how they may be corrected (e.g. cardiosurgical case conference at GLH).</li> </ul> <p><b>Expected Results</b></p> <ul style="list-style-type: none"> <li>• Provides clinical teaching sessions for Resident Medical Officers, nursing and other related health professionals.</li> <li>• Evidence of continuing self-education, including appropriate use of continuing medical education leave, so that up-to-date knowledge and practice is maintained.</li> <li>• Applications for annual leave are treated on a “first-come-first-served” basis and should be submitted as early as possible to facilitate cover arrangements for employee’s duties.</li> <li>• Registrars within the department are asked to cover short-term sick absence of colleagues – additional duty payments are made for any after-hours cover provided – This will be discussed in advance with the Cardiologist on call for the period involved and agreed to if there is sufficient coverage.</li> <li>• Applications for medical education leave should be submitted early to allow for co-ordination and planning of multiple requests</li> </ul> <p><b>Additional Service Coverage:</b></p> <ul style="list-style-type: none"> <li>• There are 4 Registrars on this run. The On Call Cardiology Registrar provides cover on public holidays.</li> <li>• The Cardiology House Surgeon will be under the supervision of both the cardiology registrar and the on-call cardiologist. In any situation when the cardiology Registrar is off-site or unavailable the cardiology House Surgeon should contact the on-call Cardiologist or if unable to contact the Cardiologist, the on call Medical Registrar.</li> <li>• Annual Leave, Study Leave, Sick Leave etc will be covered internally, bearing in mind the registrar’s role in the cathlab is a training role that may not require cover at times of absence</li> </ul>

## Section 3: Roster

### Hours of Work

#### Ordinary hours of work

**08:00 - 17:00** Monday to Friday 9 hours per day,  
**08:00 - 18:00** Saturday and Sunday Weekend Shifts (KW)  
**22:30 - 08:30** Nights, Monday to Thursday only

- Registrars will be required to work 1:4 weekends. Approx. 6-7 weekends over 26 weeks.
- The Cardiology Medical Registrar will combine with the Medical Specialty Registrars to provide cover for the General Medicine Service between the hours of 2200 to 0800 Monday - Thursday.
- Saturday and Sunday weekend shifts (KW) to cover Cardiology and assist in General Medicine if required.

Overnight from 2200 – 0800 there will be a consistent workload across the WDHB General Medicine and Medical Specialties:

- A consistent workload for 2 Registrars overnight 2200 – 0800 Monday – Thursday for 15 weeks per run over summer
- A consistent workload for 3 Registrars overnight 2200 – 0800 Monday – Thursday for 11 weeks per run over winter
- A consistent workload for 3 Registrars overnight 2200 – 0800 Friday – Sunday all year

Staffing levels for weekday long days and weekends do not vary in summer and winter and will instead remain consistent across the year.

#### Weekly Clinical Duties

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	8:15 Cardiology Journal Club	07.30 Cardiology Core Lecture (ACH)  Research/Referral  12:30 Medical Grand Rounds	08.00 Cardiosurgical Conference (ACH)  Cath Lab (ACH)	08.00 Cardiac MRI	Cath Lab 0830-11.00  11:00 Cardiology Clinical Conference
<b>PM</b>	Research MRI	Cath lab (NSH)	Cath lab (NSH)	Cath lab (NSH)	Ward Referrals Cardiology OPC

#### Section 4: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> <li>• Ensure they arrange a formal meeting with their supervising consultant to assess and discuss their performance at the beginning of the attachment, and again at three and six months.</li> <li>• If deficiencies are identified, the Consultant will identify these with the Registrar who should implement a corrective plan of action under the advice of their Consultant.</li> </ul>	<p><i>The service will provide:</i></p> <ul style="list-style-type: none"> <li>• an initial meeting between the Consultant and Registrar to discuss goals and expectations for the run, review and assessment times, and one on one teaching time.</li> <li>• an interim assessment report on the Registrar three (3) months into the run, after discussion between the Registrar and the Consultant responsible for them.</li> <li>• the opportunity to discuss any deficiencies identified during the attachment. The Consultant responsible for the Registrar will bring these to the Registrar's attention, and discuss and implement a</li> </ul>

<i>Registrar</i>	<i>Service</i>
	<p>plan of action to correct them.</p> <ul style="list-style-type: none"> <li>• a final assessment report on the Registrar at the end of the run, a copy of which is to be sighted and signed by the Registrar.</li> <li>• The Director of Basic Physician Training will be available to discuss problems and progress.</li> </ul>

### **Section 5: Hours and Salary Category**

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.0	The service together with RMO Support Unit will be responsible for the preparation of any rosters.
Rostered additional hours (inc. nights, weekends & long days)	6.91	
	+	
Note: this includes rostered Monday to Friday 1600-1700 and 0730 – 0800 Tuesday Teaching	5.50	
All other unrostered hours	7.35	
Total hours per week	59.80	

**Salary:** The Salary for this attachment will be as detailed as a Category C run.